S. No. 300
. 10-48

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14414

State File No. 3946

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.,
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital..

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.

d. STREET ADDRESS (If rural, give location): 4399 McPherson Ave, 2199

3. NAME OF DECEASED (Type or Print)
a. (First) IDA b. (Middle) BANKS c. (Last) CARTER.

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1950.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed..
8. DATE OF BIRTH: Feb'y 22, 1868.
9. AGE (In years last birthday): 82. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home..
10b. KIND OF BUSINESS OR INDUSTRY: .....
11. BIRTHPLACE (State or foreign country): Nashville, Tennessee.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Hiram Franklin Banks.
13b. MOTHER'S MAIDEN NAME: Laura Eugenia Robb.
14. NAME OF HUSBAND OR WIFE: Lemuel Angus Carter.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S SIGNATURE OR NAME: Banks McDonald, 2 Maryhill, Ladue 24, Mo., ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulo-nephritis c̄ uremia — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of uterus — ?

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3920

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1950, *to* April 29, 1950, *that I last saw the deceased alive on* April 29, 1950, *and that death occurred at* 5P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo. W. Ittner (Degree or title) 0
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 5-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal..
24b. DATE: 5/2/50.
24c. NAME OF CEMETERY OR CREMATORY: Mt Olive Cemetery,
24d. LOCATION (City, town, or county) (State): Nashville, Tennessee.

DATE REC'D BY LOCAL REG.: MAY 1 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R.Lupton & Sons 7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

JE 4075 1-4

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.